Sidney Police Department
Citizens Police Academy Application

Please Print All Answers

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male _____ Female _____ Prefer not to say _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (____)_____-_____ Preferred Email Address: _____

Driver's License Number & State: _____

Highest Education Level: High School ___ GED ___ Associates ___ Bachelors ___ Masters ___ PHD ___

Occupation: _____ Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____)_____-_____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been charged with a crime, other than a minor traffic offense? Yes _____ No _____

If yes, please list the jurisdiction, the date, and what you were charged with:

_____
_____
_____

Please list your reasons for wanting to attend the Sidney Police Department Citizens Academy:

_____
_____
_____

What do you hope to gain out of the program? What topics would you prefer to learn?

_____
_____
_____

Sidney Police Department
Citizens Police Academy Application

Can you commit to attending 5 out of 6 class sessions?   Yes _____   No _____

Must complete 5 out of 6 classes to attend the graduation ceremony in May.

I understand that the Sidney Police Department will conduct a criminal background investigation check on each applicant. Acceptance into the program is not a guarantee. Confirmation of acceptance into the program will be mailed to each participate chosen.

There is no charge for the Citizens' Police Academy.

I certify that all the information provided is true and correct to the best of my knowledge. Intentionally submitting inaccurate information may disqualify me from consideration.

☐   Check to Certify

Signature: _____

Date: _____/_____/_____